



STAFF AGENCY FOR THE JUDICIAL CONFERENCE OF INDIANA

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115 WEST WASHINGTON STREET, INDIANAPOLIS, INDIANA 46204-3417  
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**APPLICATION**  
for  
**RECERTIFICATION**  
of a  
**Court-Administered**  
**Alcohol and Drug Program**

**REQUESTED BY**

\_\_\_\_\_  
Signature of Supervising Judge

\_\_\_\_\_  
Signature of Program Director

**of**

\_\_\_\_\_  
Name of Program



STAFF AGENCY FOR THE JUDICIAL CONFERENCE OF INDIANA

**RECERTIFICATION APPLICATION**  
**for a**  
**Court-Administered Alcohol and Drug Program**

**DATE:**

**COURT PROGRAM NAME:**

**SUPERVISING JUDGE:**

Address:

Tel., & Fax:

E-mail address:

**TYPE of PROGRAM:**

(Free-Standing, Probation-Based, or Contract)

**PROGRAM DIRECTOR:**

Address:

Tel., & Fax:

E-mail address:

**Additional Program Location(s)**

**PROGRAM FISCAL OFFICER:**

Name, Address, Tel., Fax, & E-mail address:

(if different from Program Director)

**PROGRAM'S ORIGINAL START DATE:**

**APPLICATION POINT of CONTACT:**

**\*ATTACHMENTS:**

- A. PROGRAM PURPOSE, PHILOSOPHY, GOALS and OBJECTIVES**
- B. PROGRAM HISTORY, ORGANIZATION, AND OPERATION**
- C. FINANCIAL INFORMATION (schedule of Fees, Income and Expenses)**
- D. INFORMATION on TREATMENT PROVIDERS & SERVICES**
- E. INFORMATION on CONTRACTORS**

**\*If any attachments are already in the Policy and Procedures Manual (PPM), you may simply indicate where they are found in the PPM. You do not need to duplicate the information since you must send a copy of your PPM as part of the required materials.**



**RECERTIFICATION APPLICATION**  
**for a**  
**Court-Administered Alcohol and Drug Program**

**Application Guidelines**

**Attachment A PROGRAM PURPOSE, PHILOSOPHY, GOALS and OBJECTIVES**

This attachment should include the organization's philosophy, mission statement or purpose, goals, and objectives.

Reference: Section 18. Program Goals and Objectives

*Each certified program shall have a written statement of goals and objectives that clearly reflects the program's philosophy, and guides the operation of the program and the delivery of services. The statement shall be reviewed annually and revised as necessary.*

**Attachment B PROGRAM HISTORY, ORGANIZATION, AND OPERATION**

This attachment should include a brief summary of the history of the organization, a current organizational chart, and a brief description on how the program operates.

**Attachment C FINANCIAL INFORMATION**

This section should contain:

- An explanation of how the program is funded in accordance with IC 12-23-14
- Services to be provided (IC 12-23-14-6) and the charges for those services
- The accounting system used for collected user fees
- Accounting reports provided by the Clerk of the Court and the Auditor
- Program Budget and expense for past and current fiscal years

**Attachment D INFORMATION on TREATMENT PROVIDERS & SERVICES**

This attachment should contain information on each treatment provider that will provide substance abuse treatment services for program clients referred by the program. Appropriate information would include all marketing/advertising materials, program accreditation documents, credentials of all counselors providing substance abuse treatment, copy of the referral agreement required by Section 30(a)(4) of the rules, and any other relevant information.

**Attachment E INFORMATION on CONTRACTORS**

This attachment should contain information on each contractor and a copy of their contract with the court.



**RECERTIFICATION APPLICATION  
for a  
Court-Administered Alcohol and Drug Program**

**DATE:** February 22, 2002

**COURT PROGRAM NAME:** Lincoln Superior Court Alcohol and Drug Program

**SUPERVISING JUDGE:** Judge John Doe  
Address: 123 Park Place, Hometown, IN 24567  
Tel., & Fax: Phone: (888) 123-4567 Fax: (888) 123-3456  
E-mail address: [jdoe@lincoln.org](mailto:jdoe@lincoln.org)

**TYPE of PROGRAM:** Free-Standing  
(Free-Standing, Probation-Based, or Contract)

**PROGRAM DIRECTOR:** Jane Smith  
Address: 222 Park Place, Hometown, IN 24567  
Tel., & Fax: Phone: (888) 987-7654 Fax: (888) 345-4567  
E-mail address: [jsmith@lincoln.org](mailto:jsmith@lincoln.org)

**Additional Program Location(s)** none

**PROGRAM FISCAL OFFICER:** John Franklin  
Name, Address, Tel., Fax, & E-mail address: Lincoln County Auditor  
(if different from Program Director) 123 Park Place, Hometown, IN 24567  
Phone: (888) 123-4566 Fax: (888) 123-4456  
[jfranklin@lincoln.org](mailto:jfranklin@lincoln.org)

**PROGRAM'S ORIGINAL START DATE:** December 17, 1996

**APPLICATION POINT of CONTACT:** Jane Smith

**\*ATTACHMENTS:**

- A. PROGRAM PURPOSE, PHILOSOPHY, GOALS and OBJECTIVES**—ppm page 3
- B. PROGRAM HISTORY, ORGANIZATION, AND OPERATION**—see attached
- C. FINANCIAL INFORMATION (schedule of Fees, Income and Expenses)**—ppm page 20
- D. INFORMATION on TREATMENT PROVIDERS & SERVICES**—see attached
- E. INFORMATION on CONTRACTORS**—see attached